

# United Kingdom immigration and emigration of oral and maxillofacial Surgery (OMFS) specialists 2000-2020: how might Brexit impact on OMFS?

P. Magennis<sup>a,\*</sup>, A. Begley<sup>a</sup>, F. Hölzle<sup>b</sup>, H.P. Ulrich<sup>c</sup>, P.A. Brennan<sup>d</sup>, I. Hutchison<sup>e</sup>

<sup>a</sup> Liverpool University Hospitals NHS Foundation Trust

<sup>b</sup> Department of OMFS, RWTH Aachen University Hospital, Aachen, Germany

<sup>c</sup> MKG - Chirurgie Lindenarcaden

<sup>d</sup> Portsmouth Hospital

<sup>e</sup> Barts and The London Institute of Dentistry

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## Abstract

The United Kingdom left the European Union (EU) in January 2020. As it is unclear how many of the rights of OMFS surgeons to travel and work will remain after the transition period, we have reviewed how these rights have been used in the past. The OMFS specialist list from the GMC was compared with a database of current OMFS colleagues. Data were analysed using WinStat® (R. Fitch Software). Of 494 active surgeons on the OMFS specialist list, 23 (5%) completed their OMFS training outside the UK. Of these, 22 were specialists from Europe of whom 12 were substantive NHS consultants with others working as Fellows or visiting the UK occasionally. Two per cent of UK OMFS consultants are -specialists from Europe, the majority from Greece. Of the OMFS specialists who completed training in the UK since 1995, 24 are currently working outside the UK, and of them, 16 left the UK to return to their nation of origin (all 11 of those working in the European Economic Area [EEA] were born there). Of the seven UK-born specialists working overseas, none was working in the EEA. Twenty per cent of UK trainees whose primary degree was known (n = 117) received their primary qualification outside the UK, 38 in from the EU, and 79 from further afield. The majority of these UK trained specialists with non-UK first degrees (n = 101) stayed in the UK to work after training. The most significant impact of Brexit on OMFS could be a restriction on the opportunity for non-UK doctors and dentists to come to the UK to train and stay to work.

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## Introduction

To work as an NHS consultant in the United Kingdom (UK), a surgeon must be on the relevant specialist list. For oral and

maxillofacial surgery (OMFS), this is the OMFS specialist list held by the General Medical Council (GMC), and created in 1995<sup>1</sup> to comply with European law.<sup>2</sup>

Until the start of 2020 the specialty of OMFS in the UK was recognised under Directive 2005/36/EU<sup>2,3</sup> and the specialty listed in Annex V as Dental, Oro-Maxillo-Facial Training (basic dental & medical training) - DOMFS. The single medical degree specialty of Maxillofacial Surgery (basic medical training) is listed in Annex V for other EEA nations but does not exist in the UK.

\* Corresponding author.

E-mail addresses: [patrick.magennis@liverpoolft.nhs.uk](mailto:patrick.magennis@liverpoolft.nhs.uk)

(P. Magennis), [anne.begley@liverpoolft.nhs.uk](mailto:anne.begley@liverpoolft.nhs.uk) (A. Begley), [foelzle@ukaachen.de](mailto:foelzle@ukaachen.de) (F. Hölzle), [secretary@omfsuems.eu](mailto:secretary@omfsuems.eu) (H.P. Ulrich), [peter.brennan@porthosp.nhs.uk](mailto:peter.brennan@porthosp.nhs.uk) (P.A. Brennan), [iainhutchison@nhs.net](mailto:iainhutchison@nhs.net) (I. Hutchison).

While the UK was an EU member and during the transition period, specialists from any nation whose OMFS specialty was listed in the DOMFS section of Annex V could apply for automatic entry on the UK OMFS specialist list. Surgeons from EU nations whose specialty was listed elsewhere in Annex V, for example, Maxillofacial Surgery (basic medical training), and those from nations outside the European Economic Area (EEA) or Switzerland, could only gain OMFS listing using the complex and bureaucratic process of demonstrating the equivalence of their training and obtaining a Certificate of Eligibility for Specialist Registration (CESR).

At the end of the transition period, previous agreements regarding the free movement of specialists will cease. The UK Government has excluded the options of either joining the European Economic Area (EEA) or European Free Trade Area (EFTA). Nations in the EEA are Lichtenstein, Iceland and Norway. The EEA is not the EU, but these nations comply with EU regulations about freedom of movement and recognition of professional qualifications and so are present in Annex V. Switzerland,<sup>4</sup> as a member of the EFTA, does not appear in Annex V, but has an equivalent bilateral agreement with the EU in relation to Directive 2005/36. Without a similar bilateral agreement between the EU and the UK, a series of bilateral agreements between the UK and EU nations will be required to maintain the current position.

We present the situation in Europe just prior to the departure of the UK from the EU. We review the path that trainees and specialists have taken to date, and speculate on some options that Brexit creates.

## Methods

### Data collection

The contents of the UK/EU Withdrawal Agreement<sup>5</sup> were reviewed along with the stated ambitions of the UK Government for the future of the United Kingdom outside Europe.

The UK OMFS specialist list was obtained from the GMC in 2019 and compared with a database of UK OMFS consultants and trainees. UK-trained OMFS specialists not currently working in the UK were contacted directly. Those on the GMC OMFS specialist list who had not trained in the UK were also contacted.

Information on current OMFS training within Europe was collected by delegates of the OMFS section of the Union of European Medical Specialists (UEMS).

## Results

### Current status of overseas specialists and UK trainees

The 2019 OMFS specialist list includes 551 doctors, with 494 having a licence to practise. A licence to practise means that the surgeons are up to date with the formal annual

Table 1

OMFS specialists not trained in the UK currently on the UK OMFS specialist list by nation of origin (n = 23 representing 5% of 494 total on list).

Nation	No.	Route
Australia	1	CESR
Belgium	3	Annex V
Bulgaria	1	Annex V
Germany	3	Annex V
Greece	10	Annex V
Hungary	4	Annex V
Switzerland	1	Annex V
Total	23	

CESR: Certificate of Eligibility for Specialist Registration.

appraisal process required by the GMC. This usually means that the surgeon is in active practice and they have had their ‘whole of practice’ assessed by their institution’s ‘responsible officer’.<sup>6,7</sup>

### OMFS specialists working in the UK whose training was completed outside the UK

Of the 494 active surgeons on the OMFS specialist list, 23(5%) completed their training outside the UK. Of these, 22 were from EEA/EFTA states (Belgium 3, Bulgaria 1, Germany 3, Greece 10, Hungary 4, and Switzerland 1), and one via the CESR route originally from Australia. Just over half of these surgeons (n = 12) were working as substantive OMFS consultants, with others working as Fellows or visiting the UK to work ad hoc. This means that two per cent of UK OMFS consultants are European trained specialists, the majority from Greece. These data are summarised in Table 1.

### UK trainees working overseas

Analysing the 24 UK-trained surgeons who completed training since 1995 and are not working in the UK, 11 work in the EEA (7 in Ireland, and 1 each in Belgium, Greece, Malta, and Switzerland), and 13 work outside the EEA (2 in the USA, 3 in Asia, 5 in ANZ, and 2 in the Middle East).

In Ireland, seven UK-trained surgeons make up the majority of the OMFS consultant workforce, with the others consisting of one EEA specialist (Hungary) and four consultants trained in Ireland. The Irish OMFS specialty training programme was suspended during the 1990s, only re-starting in 2016, with two trainees in posts recognised for the first three years of five years of OMFS specialty training.

Focusing on the 11 UK-trained surgeons working in the EEA, none were UK-born. Ten returned to their country of origin and one is working in the EEA but not in their country of origin.

Of the 13 UK-trained specialists working outside the EEA, five returned to their nation of origin (2 to New Zealand one each to Australia, Pakistan, and Singapore) leaving eight UK-born surgeons working overseas.

The data are summarised in Table 2, which shows that of the 24 (4%) specialists who trained in the UK since 1995 and

Table 2

UK-trained surgeons now working overseas (n=24 of total of 550 UK trainees completing training 2000-2020).

Current Place of Work	Region	No. working outside UK	Returned home
Belgium	EEA	1	1
Greece	EEA	1	1
Malta	EEA	1	1
Ireland	EEA	7	7
Switzerland	EFTA	1	0
EEA/EFTA Sub total		11	10
Abu Dhabi	Middle East	2	0
Australia	ANZ	2	1
New Zealand	ANZ	3	2
Hong Kong	Asia	1	0
Malaysia	Asia	1	0
Pakistan	Asia	1	1
Singapore	Asia	1	1
USA	USA	2	0
Non-EEA/EFTA subtotal		13	5
Total		24	15

are now working overseas, 15 have returned to their home nation, one non-UK-born surgeon is working in Europe (not in their home nation), and eight (2%) of all the UK-originating trainees are working overseas (none in the EU).

To give context to these 16 non-UK-born UK trained OMFS specialists who left the UK to work, the location of first degrees of OMFS consultants for whom this data was available was used as an approximation of their nation of ori-

gin. Table 3 summarises these data. Of the 117 UK trained OMFS specialists whose first degree was non-UK, the majority (n=101) work in the UK as OMFS consultants. This cohort represents 20% of all UK-trained specialists, an essential element of our workforce. Of these 101 surgeons working in UK OMFS consultant posts, 74 had a first degree from outside the EEA and 27 had first degrees from EEA nations.<sup>8</sup>

## Discussion

Across the world, qualification for the specialty of OMFS ranges from a single medicine or dentistry degree to a dual degree.<sup>9</sup>

### *European Nations with automatic recognition of dual degree DOMFS specialists in Annex V*

The 15 dual degree DOMFS nations in Europe are Austria, Belgium, Bulgaria, Cyprus, Finland, Germany, Greece, Hungary, Ireland, Lichtenstein, Luxembourg, Malta, Norway, Romania, and Switzerland. Although Lichtenstein and Switzerland are not EU nations, they both have agreements to comply with Directive 2005/36, which for Lichtenstein is membership of the EEA (hence it is in Annex V) and for Switzerland it is a bilateral agreement with the EU (which is why it does not appear in Annex V).

Table 3

Number of UK trained specialists whose first degree was not obtained in the UK and those leaving UK to work

Nation of first degree	MB First degree	BDS First Degree	Total	Left UK
<b>Belgium</b>	1		1	1
<b>France</b>		1	1	1
<b>Germany</b>		1	1	
<b>Greece</b>		6	6	1
<b>Ireland</b>	7	14	21	7
<b>Malta</b>		4	4	1
<b>Romania</b>		1	1	
<b>Serbia</b>	1		1	
<b>Spain</b>		2	2	
<i>EU sub-total</i>	9	29	38	11
<b>Africa</b>		1	1	
<b>Australia</b>		2	2	1
<b>Bangladesh</b>		1	1	
<b>Egypt</b>		2	2	
<b>India</b>	2	37	39	
<b>Iraq</b>		2	2	
<b>Jordan</b>		3	3	
<b>Malaysia</b>		2	2	
<b>New Zealand</b>		4	4	2
<b>Pakistan</b>	2	10	12	1
<b>Singapore</b>		1	1	1
<b>Sri Lanka</b>		1	1	
<b>South Africa</b>		2	2	
<b>Sudan</b>	1		1	
<b>Turkey</b>		1	1	
<b>West Indies</b>	1	4	5	
<i>Non-EU Subtotal</i>	6	73	79	5
<b>Total</b>	15	102	117	16

Specialists from other EEA nations where the specialty in Annex V is single medical degree Maxillofacial Surgery (basic medical training) and anywhere else in the world must demonstrate that their training and qualifications are 'equivalent' by going through the Certificate of Eligibility for Specialist Registration (CESR) process. This is arduous, lengthy, and bureaucratic,<sup>10,11</sup> as the applicant has to provide evidence of knowledge, skills, and experience.<sup>12–14</sup> Only one specialist has managed to negotiate the process and gain entry to the OMFS list since 2011<sup>15</sup> and they required significant support from their UK employers and local training programme. Even specialists who had both medical and dental qualifications whose training was in a nation whose specialty is single degree Maxillofacial Surgery (basic medical training) and who were successfully working in the UK as locum consultants with experience of the training system have failed to complete the CESR process.

If, as seems probable, CESR applications will be required for specialists from all other nations to join the OMFS specialist list, it is unlikely that many will do so successfully without additional training within the UK. This is not to say that non-UK surgeons are any less skilful or less knowledgeable than locally trained specialists. It is simply that the nature of the evidence that is acquired during training by UK specialists is not present in any other nation.

### *Impact of Brexit*

Although UK trainees have been able to travel and work freely in 15 other European nations where their status as specialist is automatically recognised, no trainee originating from the UK has ever done this. It is therefore unlikely that the loss of freedom of travel and recognition of qualifications will impact directly on the recruitment of UK-based trainees.

With 101 of the current nearly 500 UK OMFS consultants originating from outside the UK, the most likely impact of Brexit could be the closure of this route for recruitment. In the recent past visa restrictions to non-EU citizens had a similar impact on the recruitment of OMFS trainees from outside Europe (for example, India and Pakistan).<sup>8,16</sup> Such an additional pressure on recruitment (created by Brexit) will make the current recruitment problems much worse.

European specialists with automatic recognition of their status currently make up 5% of the OMFS specialist list and 2% of the consultant body. The majority have come from Greece (n = 10) in the five years since Greek OMFS was added to Annex V. Some of those from other nations have been in the UK for much longer, several with key subspecialty roles. Patients in the UK have benefited both by colleagues being appointed to difficult-to-fill posts and by the appointment of world-leading surgeons who wish to bring their talents to the UK. If all European DOMFS specialists are required to complete the arduous and lengthy CESR process, it is very unlikely that any will choose to work in the UK.

The UK specialty association already has information for any dually qualified specialists from nations whose training is Maxillofacial Surgery (basic medical training) in Annex V and non-EEA surgeons wishing to work in the UK,<sup>17</sup> but only one surgeon has successfully followed this advice since 2011.<sup>15</sup> The specialty may need to consider creating posts to support incoming specialists if we are not to become totally isolated.

Dentists and doctors currently in training or planning to train in the UK who have one or both degrees from outside the UK will need to be very aware about the specific arrangements for recognition of these qualifications in the UK. Similarly, surgeons from EU nations who are currently UK OMFS trainees, or those with first or second degrees from the UK who plan to return to their home nation after training is completed, cannot assume that recognition of their qualifications will be automatic as it was when the UK was part of the EU.

### **Positive opportunities for UK OMFS created by Brexit**

#### *Maintaining shortened second degree courses*

In 2012 the General Dental Council (GDC) over-interpreted a legal opinion on EU case law and almost stopped shortened dental courses in the UK,<sup>18</sup> including the three-year dental programme for medical graduates at Kings. Although the matter was fully addressed at the time and graduate entry courses continued, in 2020 (after Brexit) the GDC gave out similar advice to a university that was considering letting one of its own medical graduates complete a shorter dental course. Clear agreements at EU or national levels might avoid this recurring confusion. If it is necessary and appropriate for shortened medical and dental courses to be available (and 30 years of effective OMFS training and two formal reviews<sup>19,20</sup> support this), then the universities should be required to deliver shortened courses as a condition for government support for the cost of UK students' fees.

#### *Incorporating the second degree into specialty training*

The GMC has stated that this was impossible because of the interpretation of the 'DOMFS footnote' in Annex V of Directive 2005/36. The GMC's interpretation is in contrast with that of the regulators in all German states (except Bavaria) who allow the incorporation of a dental degree into OMFS specialty training.<sup>21</sup> If the UK is no longer in Annex V after the transition, then this objection ceases. The specialty can request that the GMC applies this key recommendation of the 2008 Postgraduate Medical Education and Training Board (PMETB) review of training in OMFS.<sup>19</sup>

*Recommendation 3: The training pathway; when should training begin?*

114. Since OMFS is unique in requiring two primary qualifications, we recommend that all those responsible for training in the specialty explore the feasibility of beginning specialist OMFS training at the start of the second degree course.

*Changing dental degree requirements for OMFS from a 'registrable dental qualification' to a 'National Academic Recognition Information Centre (NARIC)-recognised dental qualification'*

Current CCT requirements are for OMFS specialists to have a UK registrable dental qualification.<sup>22</sup> EEA and Swiss dental qualifications were automatically registrable, but the rules for non-EEA dental qualifications were complex,<sup>23</sup> and most required an additional written and clinical examination.<sup>24</sup> If the mutual recognition of qualifications stops with Brexit, only surgeons from nations with bilateral agreements with the UK will be able to register their qualification(s) in the UK.

UK experience is that trainees with dental degrees that are not registrable, but are recognised dental degrees from validated universities, can successfully complete training. These trainees have subsequently either passed the registration examination to gain entry on to the OMFS specialist list, or the dental regulator recognised that they were exempt persons.<sup>23</sup> A recognised dental degree is sufficient for OMFS training and practice.

The GMC accepts that medical degrees that are recognised by the UK NARIC are sufficient to join the medical register provided the doctor has the language skills to work. For OMFS, we feel that a similar approach for dental qualifications is appropriate for entry to specialty training and for entry to the specialists' list. Some other EU nations accept this 'recognised not registrable' approach for OMFS trainees (who therefore can train and practise only under their medical registration). This change would protect current trainees with non-UK dental qualifications and allow dentists from across the world to train and work in the UK.

### Conclusions

The impact of Brexit on the specialty of OMFS will depend on the exact changes in medical and dental regulations and visa restrictions. Brexit could have a negative impact on UK patients by creating another pressure on recruitment, retention, and workforce.

The worst case scenario for OMFS patients in the UK is that restrictions to travel and working rights may further exacerbate the current recruitment pressures by preventing both EU and non-EU doctors and dentists from coming to the UK to train and work. Furthermore, the gaps created in the workforce will not be filled by non-UK specialists who will be unable to negotiate the CESR process.

The GMC, which sets the requirements for entry on to the OMFS specialist list, and the training authorities in the

devolved nations that define the specifications for entering OMFS training should all hope for the best, but prepare for the worst. These preparations may require changes in UK legislation. The UK specialty of OMFS is focused on working with all those involved in dental and medical education, regulation, and legislation to build a strong future for a great specialty for the benefit of our patients and patients around the world.

### Conflict of interest

We have no conflicts of interest.

### Ethics statement/confirmation of patients' permission

None needed.

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